

SECTION 1: COVID TESTING, DIAGNOSES, AND SYMPTOMS

GEN1. Have you personally been tested for coronavirus? [y/n]

(If yes)

GEN2. Has a doctor or other healthcare professional diagnosed you with coronavirus (COVID-19) infection? [y/n]

(If no)

GEN3. Have you tried to get tested for coronavirus? [y/n]

(If no)

GEN4. Do you think you would be able to get a test for coronavirus if you thought you needed one? [y/n]

GEN5. Have you experienced any of the following symptoms in the last 7 days? (check all that apply)

- Fever or chills
- Runny or stuffy nose
- Chest congestion
- Skin rash
- Cough
- Sore throat
- Sneezing
- Muscle or body aches
- Headaches
- Fatigue or tiredness
- Shortness of breath
- Abdominal discomfort
- None of the above

GEN6. Has anyone else in your household been tested for coronavirus? [y/n]

(If yes)

GEN7. Has a doctor or other healthcare professional diagnosed anyone else in your household with coronavirus (COVID-19) infection? [y/n]

GEN8. Has anyone in your household (other than you) experienced any of the following symptoms in the last 7 days? (check all that apply)

- Fever or chills
- Runny or stuffy nose
- Chest congestion
- Skin rash
- Cough
- Sore throat
- Sneezing
- Muscle or body aches
- Headaches
- Fatigue or tiredness
- Shortness of breath
- Abdominal discomfort
- None of the above

SECTION2: EMPLOYMENT IMPACTS

WRK1. Are you **currently** employed and receiving a wage or salary?

- Yes, currently working and receiving a wage or salary (either at home/remote or on-site)
- Yes, primarily self-employed or gig employment
- No, not currently working

(If either “yes” response to WRK1)

WRK2. Describe your current work location:

- Your normal worksite location (not at home)
- Working at home (this has changed due to COVID-19 social distancing)
- Working at home (this is my normal work location)

(If your normal worksite location)

WRK3. Can/could your current job be done from home? [y/n]

WRK4. Has your employer indicated you may be laid off over the coming 1-2 months due to COVID-19 related reasons? [y/n/unknown]

WRK5. How many hours a week are you currently working? _____

WRK6. Compared to before March 1st are you now:

- Working more hours per week
- Working less hours per week
- Working about the same work hours per week

(Skip to **WRK12**)

(If no to WRK1)

WRK7. Were you working prior to March 1st? [y/n]

(If no, skip to next section)

(If yes)

WRK8. What is the reason your employment situation changed over the last month?

- COVID-19 related business slowdown impacting my employer
- Family reasons I had to leave work
- Decided to retire
- Other

(If COVID-19 related business slowdown)

WRK9. Were you laid off or terminated from your most recent employment?

- Laid off / you expect to return to the same job
- Terminated / job was eliminated

(If terminated / job was eliminated)

WRK10. Are you currently looking for work, or expect to begin looking for work in the next week? [y/n]

WRK11. Have you applied for unemployment benefits?

- Yes
- No
- No, but I expect to in the coming weeks

WRK12. Describe your (most recent) employer/employment situation. (If more than one job, describe the one at which you typically worked the most hours.)

- For-profit company or organization (not including self-employed)
- Self-employed, includes 'gig' employment
- Non-profit organization (including tax-exempt and charitable organizations)
- Government (includes municipal or public school districts, State government, Federal government civilian employees or military)

WRK13. What kind of business or industry are/were you employed in? (If more than one job, describe the one at which you typically worked the most hours.)

- Manufacturing
- Construction
- Retail trade
- Educational services (includes all institutions of higher education)
- Health care and social assistance (includes hospitals, care facilities and related)
- Wholesale trade, transportation or warehousing
- Arts, entertainment, and recreation
- Accommodation and food services (Includes hotels, restaurants and bars)
- Utilities
- Finance, insurance, real estate and related
- All other commercial services (including information and management of companies)
- State, county or local government (not including school districts)
- Primary education (includes local school districts, charter or parochial schools)
- Other (specify)

SECTION 3: COVID CONCERNS AND BEHAVIORS

Response set for WRY1 through WRY7: very worried / somewhat worried / not too worried / not at all worried

[If no one in household has been diagnosed (i.e., neither GEN2 nor GEN7 is yes)]

WRY1. How worried are you that you or someone in your family will get sick from the Coronavirus?

[If respondent is working (i.e., either “yes” response to WRK1)]

WRY2. How worried are you that you will lose income due to a workplace closure or reduced hours because of coronavirus?

[If respondent is working (i.e., either “yes” response to WRK1)]

WRY3. How worried are you that you will be forced to quit your job because you can’t afford to risk your health or your family’s health by continuing to work?

WRY4. How worried are you that your investments such as retirement or college savings will be negatively impacted by coronavirus?

[If respondent is working (i.e., either “yes” response to WRK1)]

WRY5. How worried are you that you will put yourself at risk of exposure to coronavirus because you can’t afford to stay home and miss work?

WRY6. How worried are you that you will not be able to afford testing/treatment for coronavirus if you need it?

WRY7. How worried are you that you or a family member will be denied care for COVID-19 because of pre-existing conditions or life expectancy?

WRY8. Which of the following have you done in the last month to keep yourself safe from coronavirus in addition to what you normally do? (check all that apply)

- Cancelled a doctor appointment
- Worn a face mask
- Visited a doctor
- Canceled/postponed work travel
- Canceled/postponed work/school activities
- Worked or studied at home
- Canceled/postponed pleasure travel
- Stockpiled food/water
- Avoided public places/crowds
- Avoided contact high-risk people
- Washed/sanitized hands
- None of the above

SECTION 4: CAREGIVER SCREENER SECTION

CGS1. Before the Coronavirus outbreak, were you providing unpaid care to a spouse, parent, child, other relative, partner, or friend to help them take care of themselves because of a chronic illness or disability? This may have included helping with personal needs, household chores, or medical / nursing tasks. It might also be managing a person's finances or arranging for outside services. This person does not need to live with you. [y/n]

CGS2. Are you currently providing unpaid care to a spouse, parent, child, other relative, partner, or friend to help them take care of themselves because of a chronic illness or disability? [y/n]

[If No to both, skip to INF section]

[If Yes to both, skip to CCG section]

[If Yes to Q1 and No to Q2]

CGS3. Why are you no longer providing care? (Check all that apply)

- Care recipient (CR) illness
- CR hospitalization
- CR death
- You became ill
- You were hospitalized
- You became concerned about infecting CR
- CR became concerned about getting infected from you
- You had to take care of others instead, such as children
- Change in your work schedule (hours, amount of work, location)
- Restrictions on travel prevent you from going to take care of CR
- Other family or friends helping more with CR care
- Other (specify)

(skip to INF section)

[If No to Q1 and Yes to Q2]

CGS4. Why did you begin providing unpaid care after the outbreak? Was it because the primary caregiver became ill and could no longer provide care? Did the need for help begin because of Covid-related health problems in your loved one? Something else? Please explain your situation here.

(Continue with CCG section)

SECTION 5: CURRENT CAREGIVER SECTION

CCG1. Do you currently help your care recipient with PERSONAL CARE TASKS, such as bathing, dressing, grooming, eating, moving from bed to chair, or going to the toilet? [y/n]

CCG2. Do you currently help with HOUSEHOLD TASKS, such as shopping, managing personal finances, arranging for outside services, or providing transportation? [y/n]

CCG3. Do you currently help with MEDICAL OR NURSING TASKS, such as managing medications, changing dressing on wounds, or monitoring equipment like oxygen tanks? [y/n]

CCG4. What is your relationship to the main person you help with their personal care, routine household needs and/or medical/nursing tasks? Are you taking care of:

- Your mother or mother-in-law
- Your father or father-in-law
- Your wife / partner
- Your husband /partner
- Your daughter or daughter-in-law
- Your son or son-in-law
- Some other relative (specify)
- A non-relative (specify)

[If “some other relative” or a “non-relative”]

CCG5. Is the person you care for:

- Male
- Female

CCG6. How old is the person you’re caring for? Your best estimate is fine. ____

CCG7. Where does [he/she] live?

- In your household
- Within twenty minutes of your home
- Between twenty minutes and an hour from your home
- One to two hours from your home
- More than two hours away

[If NOT “in your household”]

CCG8. Which of the following best describes where [he/she] lives?

- His or her own home
- Someone else’s home
- An independent living or retirement community
- In an assisted living facility where some care may be provided
- A nursing care or long-term care facility
- Somewhere else (specify)

CCG9. Does [he/she] need care because of a... (check all that apply)

- Short-term physical condition
- Long-term physical condition
- Emotional or mental health problem
- Developmental or intellectual disorder
- Behavioral issue
- Memory problem

CCG10. Has a healthcare provider diagnosed him/her with Alzheimer’s disease or another type of dementia? [y/n]

CCG11. What is the MAIN health problem, illness, functional problem, or disability for which he/she needs your care? *[open-ended]*

[If CR lives in a facility (i.e., response to CCG8 is “in an assisted living facility where some care may be provided” or “a nursing care or long-term care facility”)]

We know that having a loved one in long-term care during the coronavirus outbreak can be very stressful. We’d like to ask just a few questions about how you’re handling this situation.

CCG12. Are you currently prevented from visiting your care recipient’s facility? [y/n]

CCG13. Has he/she been diagnosed with coronavirus? [y/n]

CCG14. How good of a job do you think the staff at the facility are doing in preventing the spread of coronavirus among patients? [excellent; good; fair; poor]

CCG15. How good of a job is the staff at the facility doing of keeping you informed about how your loved one is doing? [excellent; good; fair; poor]

CCG16. What are your main worries or concerns about having a loved one in a long-term care facility? *[open-ended]*

(skip to INF section)

[If other person in household diagnosed with coronavirus (i.e., response to GEN7 is yes)]

CCG17. Has the person for whom you are providing care been diagnosed with coronavirus? [y/n]

(If no)

CCG18. Do you worry that your loved one has an underlying medical condition that places him/her at increased risk for getting coronavirus? [y/n]

CCG19. We are interested in how the Covid-19 (coronavirus) crisis has affected people who are providing unpaid care to loved ones in the community. Has the coronavirus crisis had any of the following impacts on you and your care recipient (CR)? Please check all that apply. For each item checked, please tell us more about it in the space provided.

Programmer, display the following 9 items on one screen. If CR lives with CG (i.e., response to CCG7 is "in your household"), only display the first 3 items.

Required changes in who is providing care	_____
Increased your caregiving efforts or duties	_____
Decreased your caregiving efforts or duties	_____
Decreased number of visits to CR's home	_____
Increased number of visits to CR's home	_____
Decreased how often you talk to CR by phone	_____
Increased how often you talk to CR by phone	_____
Decreased how often you talk to CR by videochat (Skype, FaceTime, etc.)	_____
Increased how often you talk to CR by videochat (Skype, FaceTime, etc.)	_____

Programmer, display these remaining items on the next screen.

Made providing care more <i>physically</i> difficult for you	_____
Made providing care more <i>emotionally</i> difficult for you	_____
Made providing care more <i>financially</i> difficult for you	_____
Made it harder to get basics like food and household supplies	_____
Made it harder to get prescription medications for CR	_____
Interfered with doctors' appointments or treatment for CR	_____
Interfered with your own health care	_____
Led to family disagreements or conflict over caring for CR	_____
Led to declines in CR's physical health (other than getting coronavirus)	_____
Led to increased worry, fear, depression, sleep problems, or other declines in CR's mental health	_____

CCG20. Do you have any children under the age of 18 living in your household? [y/n]

(If yes)

CCG21. Has your child's / children's school closed because of the Covid-19 (coronavirus) crisis? [y/n]

(If yes)

CCG22. Has the school closure made it more difficult to care for your loved one? [y/n]

(If yes)

CCG23. Please describe. [open-ended]

CCG24. Has having the child(ren) home from school made it easier to care for your loved one? [y/n]

(If yes)

CCG25. Please describe. [open-ended]

Since the COVID-19 outbreak, how have you been helping your care recipient (CR) differently? For each item please rate whether you are helping with it more, less, or the same as prior to COVID-19. [helping more / same / helping less / not applicable]

CCG26. Help my CR get prescription medications filled

CCG27. Help my CR get other supplies they need to care for their health conditions

CCG28. Help my CR contact their healthcare provider with questions

CCG29. Help my CR figure out what to do about new medical problems or symptoms

CCG30. Help my CR get medical appointments scheduled

CCG31. Help my CR attend their healthcare appointment over a phone or video chat.

CCG32. Participate in my CR's healthcare appointments in person

CCG33. Participate in my CR's healthcare appointments by phone

CCG34. Participate in my CR's healthcare appointments by videochat (Skype; FaceTime, etc.)

CCG35. Help my CR get medical tests completed

CCG36. What technology do you use to connect with the person you care for? (check all that apply)

- Phone call
- Text messaging
- Video call
- Email
- Social media (e.g. Facebook)
- None of the above

(If NOT “none of the above”)

CCG37. Do you use communication technologies (phone, text, video, email, social media) for (check all the apply):

- Checking in and keeping in touch
- Daily self-care routine
- Monitoring health
- Coordinating care
- Ordering food, medical supply, or other household supply
- Medical e-visit
- None of the above

CCG38. How often do you use the technology to connect with the person you care for?

- A few times a day
- Once a day
- A few times a week
- Once a week

CCG39. Is there anything else you’d like to let us know about how your day-to-day experiences as a caregiver have been impacted by COVID-19? [open-ended]

SECTION 6: COVID INFORMATION SOURCES AND VOLUNTEERING

INF1. How much do you agree or disagree with the following statement: I feel I have enough information about how to protect myself and my family from coronavirus. [strongly agree / agree somewhat / disagree somewhat / strongly disagree]

INF2. Which of the following information sources have you used to learn about the coronavirus in the past 7 days? (check all that apply)

- Centers for Disease Control (CDC)
- World Health Organization
- Department of Health and Human Services
- Local public health officials
- Local TV news
- ABC News
- CBS News
- NBC News
- CNN
- FOX News
- MSNBC
- Local newspaper(s)
- National newspaper(s)
- Public TV and radio
- Close friends / family
- Coworkers / classmates
- Contacts on social media
- Your physician
- President Trump
- Vice President Pence
- Dr. Anthony Fauci
- None of the above

VOL1. Some people are taking on new caregiver responsibilities for neighbors and others – not necessarily “loved ones” but just others in the community. Have you done any of the following since the outbreak? Please check all that apply.

- Volunteering to do meals-on-wheels
- Donating blood
- Calling isolated people
- Picking up food for others to drop off
- Other (specify)

SECTION 7: COVID SCAMS

There are reports of various types of scams and frauds since the COVID-19 outbreak. The next few questions ask about your experience with them.

SCM1. Have you or anyone in your household personally seen/experienced individuals and businesses selling fake cures for COVID-19 online? [y/n]

(If yes)

SCM1A. Did you respond to this offer or send money? [y/n]

SCM2. Have you or anyone in your household personally seen/experienced phishing emails from entities posing as the World Health Organization or the Centers for Disease Control and Prevention?

(If yes)

SCM2A. Did you respond to this by clicking on a link? [y/n]

SCM3. Have you or anyone in your household personally seen/experienced malicious websites and apps that appear to share virus-related information to gain and lock access to your devices until payment is received?

(If yes)

SCM3A. Did you respond to this by clicking on a link? [y/n]

SCM4. Have you or anyone in your household personally seen/experienced someone seeking donations fraudulently for illegitimate or non-existent charitable organizations?

(If yes)

SCM4A. Did you respond to this offer or send money? [y/n]

SCM5. Have you or anyone else in your household seen/experienced solicitations via email or phone promising quicker access to the Covid-19 stimulus checks that individuals and households will receive?

(If yes)

SCM5A. Did you respond to this offer or send money? [y/n]

SECTION 8: COVID HEALTH AND FINANCIAL IMPACTS

IMP1. How much would you say your daily life has changed compared to before the start of the coronavirus outbreak? [a lot / somewhat / a little/ not much at all]

IMP2. Compared to before the start of the coronavirus outbreak, would you say that your finances right now are: [better / about the same / worse]

IMP3. Compared to before the start of the coronavirus outbreak, would you say that your eating habits right now are: [more healthy / about the same / less healthy]

IMP4. Compared to before the start of the coronavirus outbreak, would you say that your exercise habits right now are: [more healthy / about the same / less healthy]

IMP5. Compared to before the start of the coronavirus outbreak, would you say that your use of alcohol has: [increased / stayed the same / decreased / not applicable – don't use alcohol]

IMP6. Compared to before the start of the coronavirus outbreak, would you say that your smoking: [increased / stayed the same / decreased / not applicable – don't smoke]

How have the following changed in the last week, if at all? [improved a lot / improved a little / no different / gotten a little worse / gotten a lot worse]

IMP7. Your physical health

IMP8. Your mental health

IMP9. Your emotional well-being

IMP10. Your ability to take care of your household

IMP11. Your ability to access health care

IMP12. The physical health of others in your household or immediate family

IMP13. Your ability to protect the health of you and your household

IMP14. Would you say that in general, your health is excellent, very good, good, fair, or poor? [excellent / very good / good / fair / poor]

IMP15. How often do you feel lonely? [often / always / sometimes / occasionally / hardly ever / never]

IMP16. How often do you feel that you are 'in tune' with the people around you? [never / rarely / sometimes / often]

IMP17. How often do you feel that no one really knows you well? [never / rarely / sometimes / often]

IMP18. How often do you feel you can find companionship when you want it? [never / rarely / sometimes / often]

IMP19. How often do you feel that people are around you but not with you? [never / rarely / sometimes / often]

IMP20. Compared to before the start of the coronavirus outbreak, would you say that feelings of social isolation or loneliness right now have: [increased greatly / increased somewhat / stayed about the same / decreased somewhat / decreased greatly]

The following are statements that people have made about their food situation. For each statement, please indicate whether the statement was often true, sometimes true, or never true for your household in the last six months. [often true / sometimes true / never true]

IMP21. “We worried whether our food would run out before we got money to buy more.”

IMP22. “The food that we bought just didn’t last, and we didn’t have money to get more.”

IMP23. Have your worries about having enough food and being able to pay for food have changed since the coronavirus outbreak? Would you say you are: [much more worried / somewhat more worried / no more worried than before the outbreak]

Below is a list of statements that other people have said are important during this time of Covid-19. For each statement, please indicate your response as it applies to the past 7 days. [not at all / a little bit / somewhat / quite a bit / very much]

IMP24. I know that I have enough money in savings, retirement, or assets to cover the costs of medical care.

IMP25. My out-of-pocket medical expenses are more than I thought they would be.

IMP26. I worry about the financial problems I will have in the future as a result of the Covid-19 pandemic.

IMP27. I feel I have no choice about the amount of money I spend on health care.

IMP28. I am frustrated that I cannot work or contribute as much as I usually do.

IMP29. I am satisfied with my current financial situation.

IMP30. I am able to meet my monthly expenses.

IMP31. I feel financially stressed.

IMP32. I am concerned about keeping my job and income, including work at home.

IMP33. The Covid-19 pandemic has reduced my satisfaction with my present financial situation.

IMP34. I feel in control of my financial situation.

IMP35. The Covid-19 pandemic has been a financial hardship to my family and me.

IMP36. Compared to how you felt prior to the Covid-19 pandemic, how much do you worry about your financial situation? [no change / worry a little more / worry a lot more]

SECTION 9: HEALTH-RELATED QUALITY OF LIFE: PROMIS-29

Please respond to each question or statement by selecting one response per row.

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PRM1. Are you able to do chores such as vacuuming or yard work?					
PRM2. Are you able to go up and down stairs at a normal pace?					
PRM3. Are you able to go for a walk of at least 15 minutes?					
PRM4. Are you able to run errands and shop?					

IN THE PAST 7 DAYS...	Never	Rarely	Sometimes	Often	Always
PRM5. I felt fearful.					
PRM6. I found it hard to focus on anything other than my anxiety.					
PRM7. My worries overwhelmed me.					
PRM8. I felt uneasy.					

IN THE PAST 7 DAYS...	Never	Rarely	Sometimes	Often	Always
PRM9. I felt worthless.					
PRM10. I felt helpless.					
PRM11. I felt depressed.					
PRM12. I felt hopeless.					

DURING THE PAST 7 DAYS...	Not at all	A little bit	Somewhat	Quite a bit	Very much
PRM13. I feel fatigued.					
PRM14. I have trouble starting things because I am tired.					

	Not at all	A little bit	Somewhat	Quite a bit	Very much
IN THE PAST 7 DAYS...					
PRM15. How run-down did you feel on average?					
PRM16. How fatigued were you on average?					

	Very poor	Poor	Fair	Good	Very good
IN THE PAST 7 DAYS...					
PRM17. My sleep quality was...					

	Not at all	A little bit	Somewhat	Quite a bit	Very much
IN THE PAST 7 DAYS...					
PRM18. My sleep was refreshing.					
PRM19. I had a problem with my sleep.					
PRM20. I had difficulty falling sleep.					

	Never	Rarely	Sometimes	Usually	Always
PRM21. I have trouble doing all of my regular leisure activities with others.					
PRM22. I have trouble doing all of the family activities that I want to do.					
PRM23. I have trouble doing all of my usual work (include work at home).					
PRM24. I have trouble doing all of the activities with friends that I want to do.					

	Not at all	A little bit	Somewhat	Quite a bit	Very much
IN THE PAST 7 DAYS...					
PRM25. How much did pain interfere with your day to day activities?					
PRM26. How much did pain interfere with work around the home?					
PRM27. How much did pain interfere with your ability to participate in social activities?					
PRM28. How much did pain interfere with your household chores?					

IN THE PAST 7 DAYS...

PRM29. How would you rate your pain on average?

0 1 2 3 4 5 6 7 8 9 10

No
pain

Worst
imaginable
pain

SECTION 10: SOCIO-DEMOGRAPHICS

DEM1. What is your age? _____

DEM2. Please indicate your sex. [male; female; transgender female; transgender male; gender variant / non-conforming; prefer not to answer]

DEM3. What is your current marital status?

- Married or living as married
- Divorced or separated
- Widowed
- Single (never married)

DEM4. Are you of Hispanic or Latino descent? [y/n]

DEM5. What is your race? (check all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

DEM6. What is the highest level of education you have completed?

- Eighth grade or less
- Some high school
- High school graduate or GED
- Some college, no degree
- Associate's degree, occupational
- Associate's degree, academic
- Bachelor's degree
- Master's degree
- Professional degree
- Doctoral degree

DEM7. Which of the following best describes your household's total yearly income?

- Under \$25,000
- \$25,000 to just under \$50,000
- \$50,000 to just under \$75,000
- \$75,000 to just under \$100,000
- \$100,000 to just under \$150,000
- \$150,000 or more

DEM8. Including you, how many people currently live in your household? _____

DEM9. Including you, how many adults, age 18 and older, currently live in your household? _____

DEM10. Are you a veteran? [y/n]